Snapshot of CBO Networks

Social forces outside the doctor's office play a major role in individual and community health. Community-based organizations (CBOs) that can address these "social determinants of health"– everything from housing to mental health to food security – are a key part of improving health in the US. That's why healthcare institutions (payors and hospital systems) are beginning to partner with CBOs to improve health outcomes and overall wellness for their patients. These early collaborations are paving the way for CBOs to contract with healthcare payors as part of larger networks, which is the focus of NFF's Advancing Resilience and Community Health Initiative (ARCH).

NFF believes that CBOs contracting as networks could:

- Make it easier to scale services, break down barriers to care, and create access for more people
- Increase efficiency in the contracting process
- Help correct the imbalance of power in collaboration/negotiation between CBOs and their potential payor/managed care partners, which are usually much larger

We heard from leaders of 70 networks across the country, representing hundreds of CBOs, who expressed interest in ARCH. We've learned a bit about what these networks look like. It turns out that there are so many different ways for CBOs to come together that there is no one simple definition for a CBO "network."
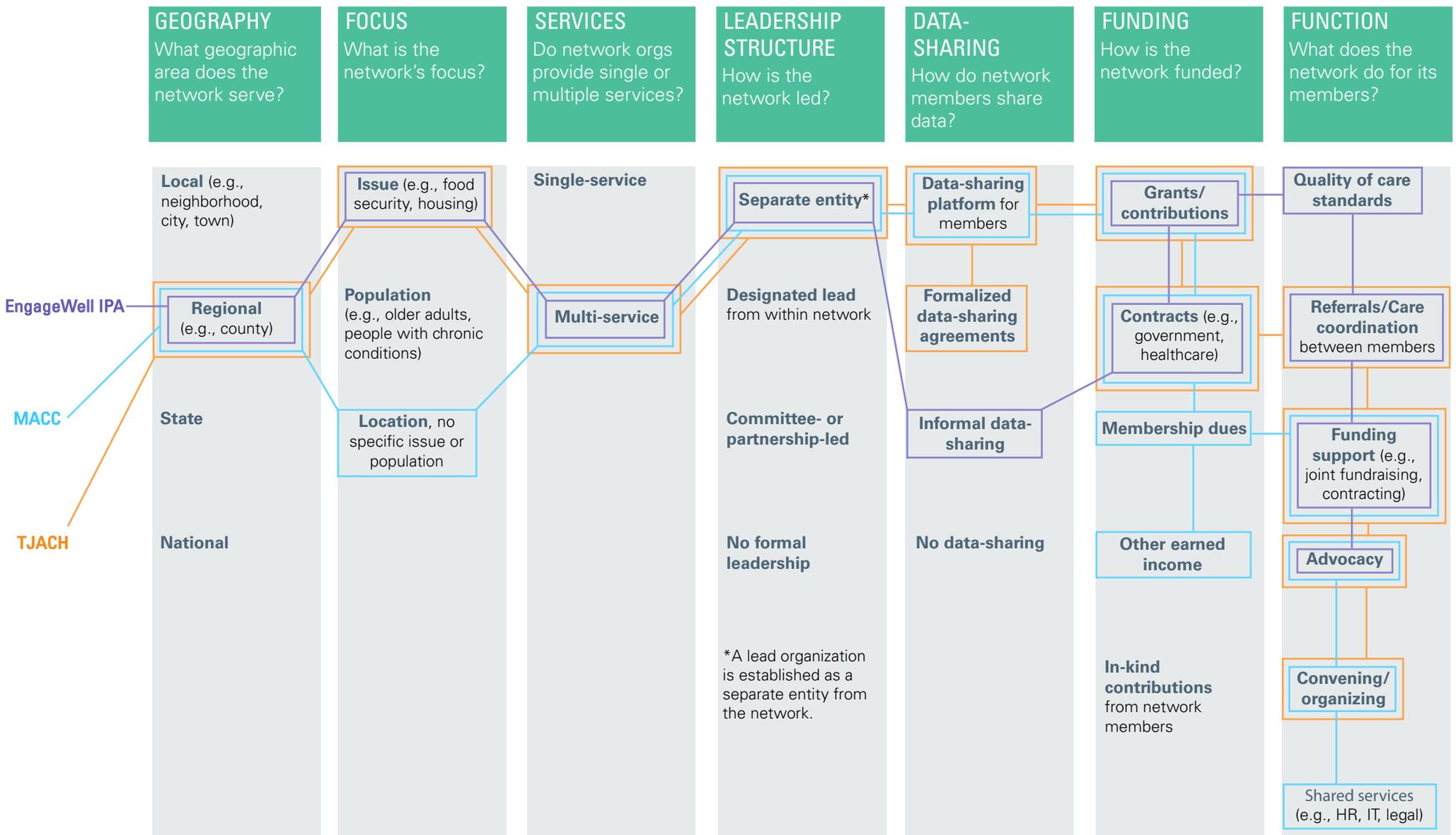
The Snapshot of CBO Networks on the following page shows the different dimensions of how CBOs come together – whether place-based, issue-based, or other – and how these dimensions combine in unique ways for each network.

ARCH NETWORKS

EngageWell IPA: Based in New York City, EngageWell IPA is a coalition of community-based providers that offer comprehensive, integrated services to address complex medical and behavioral health needs and unmet social determinants of health, including food, housing and economic insecurity. As an Independent Practice Association (IPA), EngageWell IPA develops and provides infrastructure for member organizations to collaborate on service delivery and contracting. EngageWell IPA supports network providers to expand service delivery options and improve client outcomes by offering access to specialized databases and dashboards, opportunities to participate in clinically-integrated service delivery initiatives, and training on topics related to implementing value-based payment models.

Metropolitan Alliance of Connected Communities (MACC): Based in Minneapolis, MN, MACC is a member-driven, collaborative network made up of human service nonprofits in the Minneapolis/ St. Paul metropolitan area focused on generating solutions together to better serve the individuals and families in their community. MACC fosters relationships and social capital across member organizations by building connections, building collective expertise, and developing collaborative solutions. It operates as a membership model with shared administrative services that members can "opt" into, including: HR, evaluation, behavioral health billing, IT, finance, facilities, and client data. In addition to these shared services, members have co-created initiatives focused around collaborative fundraising and contracting, collaborative approaches to advocacy, shared program strategy, and program evaluation capacity building.

Thomas Jefferson Area Coalition for the Homeless (TJACH): TJACH is a collaborative of community providers and funders in the Charlottesville, VA, area. TJACH is committed to improving health outcomes and housing stability for people experiencing homelessness or housing instability, and to reduce inappropriate use of local emergency departments through supportive housing services. As a HUD-designated Continuum of Care Lead Agency, TJACH works across healthcare, government, and nonprofit service providers to coordinate data, funding, and training. TJACH collaborates with local organizations that provide services ranging from street outreach to permanent supportive housing to obtain and distribute federal, state, and local funding. Organizations are connected via a Homeless Management Information System database to track performance and measure progress toward ending homelessness in the region.

GEOGRAPHY What geographic area does the network serve?	FOCUS What is the network's focus?	SERVICES Do network orgs provide single or multiple services?	LEADERSHIP STRUCTURE How is the network led?	DATA-SHARING How do network members share data?	FUNDING How is the network funded?	FUNCTION What does the network do for its members?
Local (e.g., neighborhood, city, town)	Issue (e.g., food security, housing)	Single-service	Separate entity*	Data-sharing platform for members	Grants/ contributions	Quality of care standards
Regional (e.g., county)	Population (e.g., older adults, people with chronic conditions)	Multi-service	Designated lead from within network	Formalized data-sharing agreements	Contracts (e.g., government, healthcare)	Referrals/Care coordination between members
State	Location, no specific issue or population		Committee- or partnership-led	Informal data-sharing	Membership dues	Funding support (e.g., joint fundraising, contracting)
National			No formal leadership	No data-sharing	Other earned income	Advocacy
			*A lead organization is established as a separate entity from the network.		In-kind contributions from network members	Convening/ organizing
						Shared services (e.g., HR, IT, legal)

EngageWell IPA
MACC
TJACH

In addition to the dimensions above, we also saw a range of decision-making and governance structures, including:

- formal contracts or MOUs;

- networks where participating organizations vote on all decisions;

- series of collaborative/extended partnerships; and

- instances where there are no specific formal ties, but organizations occasionally connect due to a shared focus.